## **SECTION 7.** MODIFIERS

Missouri Medicaid uses the following modifiers for the professional services.

<u>Modifier</u>	<u>Description</u>
26	Professional Component (required for laboratory, radiology, nuclear
	medicine/EEG/EKG services)
50	Bilateral Procedure
52	Reduced Services (for use only with EPSDT/HCY screening procedure
	codes and case management for pregnant women procedure code H1001TS52)
54	Surgical Care Only
55	Postoperative Management Only
59	Distinct Procedure Service (used only to identify the components of an
	EPSDT/HCY screen when only those components related to developmental and
	mental health are being screened)
62	Two surgeons
63	Procedure performed on infants (used only with CPT codes 99231-99233)
80	Assistant Surgeon
AA	Anesthesia services performed personally by anesthesiologist
EP	Service provided as part of Medicaid Early Periodic Screening, Diagnosis
	and Treatment (EPSDT/HCY) program
QK	Medical direction of two, three or four concurrent procedures involving
	qualified individuals
QX	CRNA service, with medical direction by physician
QZ	CRNA service, without medical direction by physician
SL	State supplied vaccine (used only with VFC administration procedure
	codes for dates of service March 1, 2003 and after)
SG	Ambulatory Surgical Center (ASC) facility services
TC	Technical Component (required for laboratory and radiology services)
TG	Complex/high level of care (for use only with procedure code T1029,
	Environmental Lead Assessment)
TS	Follow-up Service (for use only with Case Management for Children and
	Youth program and for Case Management for Pregnant Women program)

The following additional level of care modifiers have been approved for use by Centers for Medicare and Medicaid Services to meet the needs of state Medicaid agencies and should not be submitted or used by any other payor.

SAFE) and Child Abuse Resources
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